

Community Health Workers & Diabetes Prevention in Appalachia

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Community Health Workers (CHWs)

- Health Auxiliaries,
- Lay Health Educators,
- Health Promoters,
- Community Health Representative,
- Health Volunteers,
- Village Health Workers,
- Community Health Aide,
- Community Health Outreach Worker.



Important Qualifications

- Truly represent the community.
- Good if chosen by the community.
- Live in the communities where they work.
- Understand what is meaningful to the community.
- Communicate in the language of the people.
- Recognize traditional health practices to help community cope with stress & promote health outcomes.
- Mature women tend to show greatest longevity.

Core Roles of CHWs

- ◉ Bridge cultural mediation between communities, health, & social service systems.
- ◉ Provide culturally appropriate health education.
- ◉ Assure people get the services they need.
- ◉ Provide informal counseling & social support.
- ◉ Advocate for individual & community needs.
- ◉ Provide direct service.
- ◉ Build individual & community capacity.



Essential for Work of CHWs

- ◉ Well-trained.
- ◉ Work best in well-designed program.
- ◉ Need proper supervision & support.
- ◉ A mandate or mission.
- ◉ Specific healthcare need not already met.
- ◉ Champions that believe in the role.
- ◉ Specific outcomes to achieve.



Funding of CHWs

- ◉ Most funding for CHW programs is derived from state, federal, and local sources.
- ◉ Some programs receive private funding from foundations or private community agencies such as United Ways.
- ◉ Funding is often time-limited and may be targeted to specific issues or population groups.
- ◉ States recognize the unique & important role CHWs play in accessing hard to reach population groups.



Type 2 Diabetes

- Epidemic proportions.
- Disproportionately borne by American Indians, Alaska Natives, African Americans, Hispanic or Latino Americans, Asian & Pacific Islanders.
- Complex, reciprocal interactions between physiological & social determinants of health.
- Effective strategies require a global view, innovative models, partnerships, & stakeholder involvement.
- Multi-factor, multi-system, & multi-level interventions.

Diabetes Prevention

Diabetes prevention & self-care are less dependent on "high-tech" clinical approaches than they are on "high-talk" efforts that provide social support, outreach, consistent follow-up, preventive care, community & family education, & community mobilization.

(Love, Gardner, & Legion, 1997).

SHIELD Study

- 87% knew obesity was a diabetes risk, but only 70% tried to lose weight
- 1 in 3 maintained desired weight for 6+ months.
- 17% preferred medicine to exercise or lifestyle change.
- 12.7% physically active; 67.3% little or no activity.
- Only 13% were active in last week.
- Only 23% considered health excellent.

SHIELD Study: Failure to Change Lifestyle*
Andrew Green, MD: Director Midwestern Endocrinology,
Overland Park, Kansas

.....education and awareness of the disease have been well accomplished, but translating the educational effort into action is required.

* James R. Gavin III, MD, PhD, clinical professor, Emory university School of Medicine, Atlanta, GA



Social Determinants of Diabetes

- Lack of physical activity & sedentary behaviors
- Socioeconomic status (wealth & health)
- Poor eating habits & portion size
- Tobacco use
- Environmental risks
- Policies that do not promote health
- Education, access to health care services, local opportunity, etc.





STUCK in the STORY



Community Health Workers

- Promotora
- Health coaches
- SUGAR Helpers

[Support to **U**nite **G**enerations in the **A**ppalachian **R**egion]



Diabetes: A Family Matter

- Make diabetes risks more visible in rural Appalachia.
- Prepare *SUGAR Helper* volunteers to share knowledge about healthy lifestyles.
- Provide rural people with ways to enhance personal & family health.
- Involve rural people in more healthy lifestyles.



Diabetes: A Family Matter Toolkit

Materials

- *Diabetes Educator Manual*
- *SUGAR Helper Manual*
- Bookmarkers
- Brochure Series (9)
- Poster Series (9)
- Film: *Living with Diabetes*
- Plays (4)
- Fotonovellas (2)
- Recruitment Materials

Programs

- Train-the-Trainer Model
- SUGAR Helpers
- Community Teams





Diabetes: A Family Matter
www.diabetesfamily.net

- Learn More
- Toolkit Materials
- Toolkit Activities
- Appalachia
- Family Health
- Social Network
- Conferences
- County Projects

Dissemination & Evaluation Projects

Project I

- 8 Southeast Ohio Counties
- Athens
- Hocking
- Lawrence
- Meigs
- Perry
- Pike
- Ross
- Vinton

Project II

- Ohio Counties
- Continuing (Athens, Lawrence, Perry, Ross)
- New (Adams, Brown, Scioto)
- Kentucky
- Carter, Lewis, Rowan
- West Virginia
- Wayne

Total Counties in the Projects: 15
** CDC Funded #5H75DP002306-02


County Teams/SUGAR Helpers

- Two day training session
- On-going support
- Wrap-up sessions
- Access to materials, websites, support staff
- Small budgets for local projects




Project Findings

- County teams & volunteers have capacity to educate, inform & promote diabetes awareness, self-management & prevention.
- Informal networks of kith & kin effective ways to share diabetes messages.
- County teams provide access to accurate information & avenues to access formal health care information.
- Many made personal lifestyle changes.



* CDC Funded #5H75DP002306-02





Strengthening Communities to Prevent Diabetes in Appalachia's Vulnerable Populations

- ◉ Region I:
Kentucky – Elliott, Lewis, Morgan, & Wolfe
Ohio – Scioto
- ◉ Region II:
Virginia – Buchanan, Russell, Wise
- ◉ Region III:
Mississippi – Kemper, Noxubee, Winston

Goal #1: Strengthen Coalitions

Right Membership	On-Going Education & Skill Development	Use of Task Force Groups as Needed
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Year One Activities

- Town meetings (10 counties)
- Hired county administrative liaisons (11 counties)
- County mini-projects (11 counties)
- Completed Healthy Community Assessments
- Website planning/development
- Walkability Assessments
- Story-telling interviews ((11 counties/more than 100 interviews collected)



Moving Forward

- Ministerial contacts in 3 regions
- Aiming for 10-15 churches in each region.
- Identify health ministry teams of 3 to 5 persons from each congregation.
- SUGAR Helpers = Health Coaches



Training and Support

- Training in late winter 2012
- Additional session in summer 2012
- 1-2 training sessions for next 3 years
- Use of Diabetes: A Family Matter website and materials
- Power to Prevent (CDC, NDEP)
- Road to Health (CDC, NDEP)



Things to Address

- Family Health Routines
- Cooking, label reading, portion sizes
- Physical activity enhancements
- Access to accurate diabetes facts
- Social change
- Tobacco